

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 155

County Registrar No. _____

Local Registrar No. _____

No. Dairy Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Jane Adelle Horneth

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child female
To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? yes7. Date of birth Mar 16 1925
Month Day Year

5. No., in order of birth _____

8. FATHER

Full name Rosal Fredrick Horneth

14. MOTHER

Full maiden name Letha Smith9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.10. Color or race white11. Age at last birthday 29 (Years)16. Color or race white17. Age at last birthday 23 (Years)12. Birthplace (city or place) Idaho
(State or country)18. Birthplace (city or place) Altman Colorado
(State or country)13. Occupation Timberman
Nature of industry Copper mine19. Occupation Housewife
Nature of industry

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2(b) Born alive but now dead 0(c) Stillborn 021. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:05 A m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature H. H. Miller

(Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report

Month, day, year

Filed April 5, 1925

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Registrar

Local Registrar.

County Registrar.

144-316-328